

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>		14.00
O.I.P.E. CLASSIFIER	RSD		2/15/00
FORMALITY REVIEW		1815	
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	08/12/51
2	02/23/28
3	02/03/08
4	04/29/04
5	08/04/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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